

# Child Care Counts: COVID-19 Supplementary Payment Program Round 2

10/23/2020



Wisconsin Department of  
Children and Families

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# Eligible Applicants

**Regulated child care providers:** Licensed or certified child care providers that are currently or will continue to provide care to children

## Applicant must:

- Be open or able to re-open by 12/14/2020 and caring for children ages 0-12 (or age 18 and younger for children with disabilities)
- Follow the health and safety guidelines for child care providers as outlined by DCF
- Have a license or certification in good standing as outlined by DCF
- Licensed Group Centers, Licensed Day Camps & Public School Programs: During 10/11/20 - 10/17/20, have at least 1/3 of enrolled children are age 5 or under.
- Regulated Family Providers: During 10/11/20 - 10/17/20, have at least 1 enrolled child age 5 or under.
- Use the funds to provide incentive pay or sign-on bonus to current or future employees with approved background checks
- Agree to payment program [Terms and Conditions](#)



### Child Care Counts Call Center

If you need any assistance, please send an email to:  
[DCFDECECOVID19CCPayments@wisconsin.gov](mailto:DCFDECECOVID19CCPayments@wisconsin.gov).

Or call and leave your detailed questions at:  
608-535-3650

# About This Guide

This guide details how providers will use DCF's Provider Portal to apply for the *Child Care Counts: COVID-19 Supplemental Payment Program* during the application period **October 26 –November 6 2020**.

The Payment Program application is available in the [Child Care Provider Portal](#) system. Information about [applying for access can be found here](#). If you need help gaining access to the Child Care Provider Portal, please email [DCFPLicBECRCBU@wisconsin.gov](mailto:DCFPLicBECRCBU@wisconsin.gov).

If you are unable to access the Provider Portal, or choose not to, you can contact the Payment Program Call Center for assistance filling out your application over the phone.

**System note:** the Child Care Provider Portal will time out after **20 minutes of inactivity**, which will force users to log back in.

## IMPORTANT NOTICE

The Child Care Counts programs are time-limited programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. **They are not grants** as that term is defined in 45 CFR72 and related federal regulations, and the use of the word “grant” is incidental.



### Child Care Counts Call Center

If you need any assistance, please send an email to:  
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Or call and leave your detailed questions at:  
608-535-3650

# How to Submit an Application

Child Care Provider Portal

## Login

Existing CCPI Users can log in with the **1** same username and password that you used for CCPI.

User ID

Password

Show Password

Remember Me

Enable Keyboard Accessibility Features

Enable Screen Reader Features

[...Hide Options](#)

**Login**

Request access and update your user profile in [Account Management](#).

For additional information, visit the [DCF Portal Info](#) webpage.

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

The Department of Children and Families, protecting children, strengthening families, building communities.

## 1. Login Screen

Go to <https://mywchildcareproviders.wisconsin.gov/>

Type your **User ID** and **Password** into the appropriate fields. Click the **Login** button to continue.



Child Care Provider Portal  
Welcome, Logout

### My Facilities

Lakeland Group Centre 123 Main St Anytown, WI 54544	2800040092-001	▶
Randy's Preschool 203 Corporate Dr Madison, WI 53714-2408	3800036563-001	▶
Randys Group Care Inc 444 School Age Rd Milwaukee, WI 53445	3800036563-002	▶
Randy's Daycamp 123 New Address Smalltown, WI 53121	3800036563-003	▶
Fifth Location 345 Test St Milwaukee, WI 53454	3800036563-005	▶
Johnson Early Care Locn 1 254 W Main Milwaukee, WI 53333	3800036813-001	▶
Watts Valley Day Care 2702 Monroe St Milwaukee, WI 53203	4800039704-001	▶
Nordic Wonderland 123 Modified Address Rd Northwoods, WI 54544	9800039909-001	▶

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## IMPORTANT REMINDER: Default Home Screen

After you log in, the default home screen displays if you only have access to one facility/location.

If you have access to **multiple sites**, a list of facilities displays like this example on the left.

# How to Submit an Application

Due to the COVID-19 pandemic, DCF and its partners want to help Wisconsin's Essential Workforce Families fill their urgent child care needs so that they can continue to serve our communities' needs.

Please take the time to ensure that you complete the page below before you start your application. The time you take to do this will help health care workers and other essential workers find child care during the COVID-19 emergency.



Wisconsin Child Care System  
2414 E Calvary Dr  
Dane, WI 53214-4144

COVID-19 Emergency Information  
Due to the COVID-19 pandemic, please complete the following and keep it up-to-date so that DCF and its partners can help Healthcare workers and others performing critical functions fill urgent child care needs. Press "Save" once you have completed filling out or updating the information.

If you update the closure status below, please also contact your licensor or certifier.

Address: 2414 E Calvary Dr  
Dane, WI 53214-4144

Is this location currently open?  Yes  No

Are you able to provide care for more children with special needs?  Yes  No

Enter the number of open slots you have available at this location below.

For children under 2 years? 2

For 2 and 3 year-olds? 0

For 4 and 5 year-olds? 0

For 6 year-olds and older? 0

Enter the total number of open slots (i.e., available slots) you have available at this location below.

Total available slots: 0

Last updated on: 04/16/2020 04:51 PM

**Save**

Home

Financial | Facility Details | Communications | Manage Facility | Individuals

COVID-19 Payments

Other Facilities

About DCF | Public Meetings | Careers | Request Record | Contact Us | Wisconsin.gov | Press

## Update Your Open Slots

Before beginning your application, please review the open slots that you have available, including slots for age ranges and total available slots. This will ensure that your center's available openings display accurately in the [Available Child Care Map](#).

Click **Save** when your slot information is updated.

# How to Submit an Application

**COVID-19 Emergency Information**  
Due to the COVID-19 pandemic, please complete the following and keep it up-to-date so that DCF and its partners can help Healthcare workers and others performing critical functions fill urgent child care needs. Press "Save" once you have completed filling out or updating the information.

Address 2414 E Cakery Dr  
Dane, WI 53214-4144

Is this location currently open?  Yes  No

Are you able to provide care for more children with special needs?  Yes  No

Enter the number of open slots you have available at this location below.

For children under 2 years?

For 2 and 3 year-olds?

For 4 and 5 year-olds?

For 6 year-olds and older?

Enter the total number of open slots (i.e., available slots) you have available at this location below.

Total available slots

Number of staff needed to increase or meet capacity

List here all essential emergency supplies you need

Last updated on 04/16/2020 04:51 PM

[Save](#)

**Home**

Financial Facility Details Communications Manage Facility Individuals

**2**

**COVID-19 Payments**

**Apply Now**

**COVID-19 Payments**

**Apply Now**

## 2. COVID-19 Payments Button

On the *COVID-19 Emergency Information* page, scroll to the bottom of the page and click on the **COVID-19 Payments** button.

# Beginning Your Application

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Fall 2020	September 08	Funding Staff Recruitment And Retention Efforts	Available
Fall 2020, Round 2	October 11 – October 17	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied <b>Apply ▶</b>
Fall 2020, Round 2	October 11 – October 17	Funding Staff Recruitment And Retention Efforts	Not Applied <b>Apply ▶</b>

◀ # Home ▶

About DCF Public Meetings Careers Request Records Contact Us Wisconsin.gov Press

**3. Start Application**  
To apply for a specific program, select the **Apply** button on the **Summary** page.

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## COVID-19 Payments

Please read all the below details before proceeding with application

### COVID-19 Payments Information

**IMPORTANT NOTICE:** The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

#### What is Program A Providing Safe, Healthy, And High-Quality Child Care Opportunities?

The *Providing Safe, Healthy, And High-Quality Child Care Opportunities* payment program is intended to support the costs of maintaining or enhancing compliance status and/or YoungStar level, increasing health and safety practices, and ensuring high-quality care is available across state. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

#### When Can I Apply?

You may apply for this payment anytime from **10/11/2020** through **10/17/2020**. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

#### What information do I need to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Enrolled children information
- Reopen/Closure details (Required if location is closed)

#### What happens after I submit my application?

After **10/17/2020**, DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

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**Continue** ▶

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## 4. Review Payment Program Information

After selecting to apply for a payment program, you will see an informational screen that details the following:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

## 5. Continue

Click **Continue** to go to the *Payment Application Details* page.

# Payment Summary Page

## 6. COVID-19 Payment Application List

There is only one application period.

**Fall 2020, Round 2 - October 11-17.**

There are two payment programs for which a provider can apply.

- A. Providing Safe, Healthy, and High-Quality Child Care Opportunities
- B. Funding staff Recruitment and Retention Efforts

Application Period	Dates	Program Name	Status	Action
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Approved	Details ▶
Fall 2020, Round 2	October 11 - October 17	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply ▶
Fall 2020, Round 2	October 11 - October 17	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply ▶

**!** Regulated providers may be able to apply for BOTH payment programs. Please review Eligibility and Requirements details on the [Payment Program web page](#).

Beside the Payment Program title, you will also see the **Status** of your application.

**Incomplete** indicates you have started an application for the program, but your application has not been completed. Click **Details** to return to your application.

**Not Applied** means you haven't applied for this payment. Click **Apply** to begin your application.

**You may make corrections to your application until the end of the application period – 11:59 p.m. Friday, November 6. Applications cannot be modified after the application closes.**



**APPLYING FOR PAYMENT PROGRAM A**

# **Providing Safe, Healthy, and High- Quality Child Care Opportunities**

# Beginning Your Application

1

Application Period	Application Dates	Program Name	Status	Action
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Approved	Details ▶
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Available	
Fall 2020, Round 2	October 11 - October 17	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply ▶
Fall 2020, Round 2	October 11 - October 17	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply ▶

## 1. Begin Application

To apply for a specific program, select the **Apply** button on the *Summary* page.

## 2. Review Payment Program Information

After selecting to apply for a payment program, you will see an informational screen that details the following:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

## 3. Continue

Click **Continue** to go to the **Application Details** page.

**COVID-19 Payments**  
Please read all the below details before proceeding with application

**COVID-19 Payments Information**

**IMPORTANT NOTICE:** The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

**What is Program A Providing Safe, Healthy, And High-Quality Child Care Opportunities?**  
The *Providing Safe, Healthy, And High-Quality Child Care Opportunities* payment program is intended to support the costs of maintaining or enhancing compliance status and/or YoungStar level, increasing health and safety practices, and ensuring high-quality care is available across state. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

**When Can I Apply?**  
You may apply for this payment anytime from 10/11/2020 through 10/17/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

**What information do I need to complete this application?**  
The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Enrolled children information
- Reopen/Closure details (Required if location is closed)

**What happens after I submit my application?**  
After 10/17/2020 DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

**Continue**

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# Add Application Details for Your Location

## 4. Add Grantee Details

There is a single funding period for this application.

Be sure to enter the details marked with a red star. \*

If inaccurate details are entered, this could delay your application.

## 5. Tell Us About Program Open/Closures

Was your facility open or closed on 10/16/2020?

## 6. Tell Us About the Children in Your Program

In this section, you can click on the  icon for more information about what the questions are asking.

Click **Add** to move on to the next page.

### NOTE on 5.

Check **Yes** if your program is in open status (as opposed to Temporarily Closed), even if you were closed on this day for a vacation day or similar reason. Check **No** if your program was in Closed or Temporarily Closed status on this date.



**NOTE:** If you applied for previous funding through the original Child Care Counts Payment program, many of the fields in the application will be filled in automatically. Please review all fields that are filled in to ensure they are still accurate and update as needed.

# Update or Verify Location Temporary Closures

## 7. Temporary Closures

You will be asked to verify any temporary closures during the funding period. If the closures were already updated in the Provider Portal, those details will be shown here. If you need to add a temporary closure period, select the **Add Temporary Closure** button, and you will be taken to the **Closure Schedule** screen shown below.

**COVID-19 Payments - Temporary Closure**

**Common Details**

Funding Period: Fall 2020, Round 2  
Grantee Name: Licensed, Lisa

**Verify Temporary Closure**

From	To	Closure Reason	Comments
		No closures	.

The closure periods should reflect any periods of time your facility was closed during the funding period (10/11/2020 - 10/17/2020). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

The closures listed above are accurate and complete for the period of 10/11/2020 to 10/17/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

**Add Temporary Closure**

**Verify**

After including all appropriate temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.

**COVID-19 Payments - Add Closure Schedule**

Due to the COVID-19 health emergency, please help DCF understand when you are closed and open. If you are closing, please enter your closure period here and also contact your licensor or certifier.

**Common Details**

Funding Period: Fall 2020, Round 2  
Grantee Name: Licensed, Lisa

**Verify Temporary Closure**

From Date: 10/13/2020  
To Date: 10/13/2020  
COVID - 19 Closure Reason: COVID-19 Other  
Comments:

**Add**

**Temporary Closure**

**!** If you did not have any temporary closures during the funding period, check the box to verify and select **Verify** to continue through the application.

The closures listed above are accurate and complete for the period of 10/11/2020 to 10/17/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

**Verify**

# Update or Verify Hours of Operation

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## COVID-19 Payments - Operational Hours

Add Operational Hours

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### Common Details

Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

[...More](#)

---

### Operational Hours

Specify your Operating Hours during  
10/11/2020 - 10/17/2020

Enter open times for each day you are open  
(e.g., 7 am - 6 pm)

<input type="checkbox"/> Sunday	
<input checked="" type="checkbox"/> Monday	8am-6pm
<input checked="" type="checkbox"/> Tuesday	8am-6pm
<input checked="" type="checkbox"/> Wednesday	8am-6pm
<input checked="" type="checkbox"/> Thursday	8am-6pm
<input checked="" type="checkbox"/> Friday	8am-6pm
<input type="checkbox"/> Saturday	

Open some hours between 6 am and 6 pm ? \*  Yes  No

Open some hours before 6 am or after 6 pm ? \*  Yes  No

Comments

**Add**

◀ Operational Hours Details

## 8. Hours of Operation

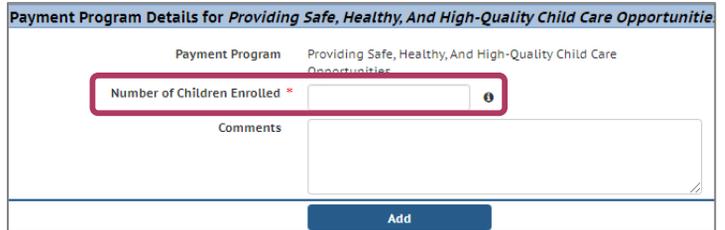
In the next section, tell us about the hours of operation for your location from **10/11/20** – **10/17/20**. Hours of operation will be auto-filled based on your license or certification hours. If you experienced any changes to your hours of operation to allow for expanded care hours during the funding period, you will need to update any days that differed from your regular licensed or certified schedule. Select the **Add** button to save your information and continue to the **Individuals** section, where you will tell us about your staff during the COVID-19 Emergency.

# Adding Children Detail

## 9. Add Children to the Application

You will be asked to add every child enrolled at your program who was enrolled on **10/16/20**.

**NOTE:** The number of children added in this section must equal the number of children that you indicated were enrolled on the first page of the application: *Add Application Details*.



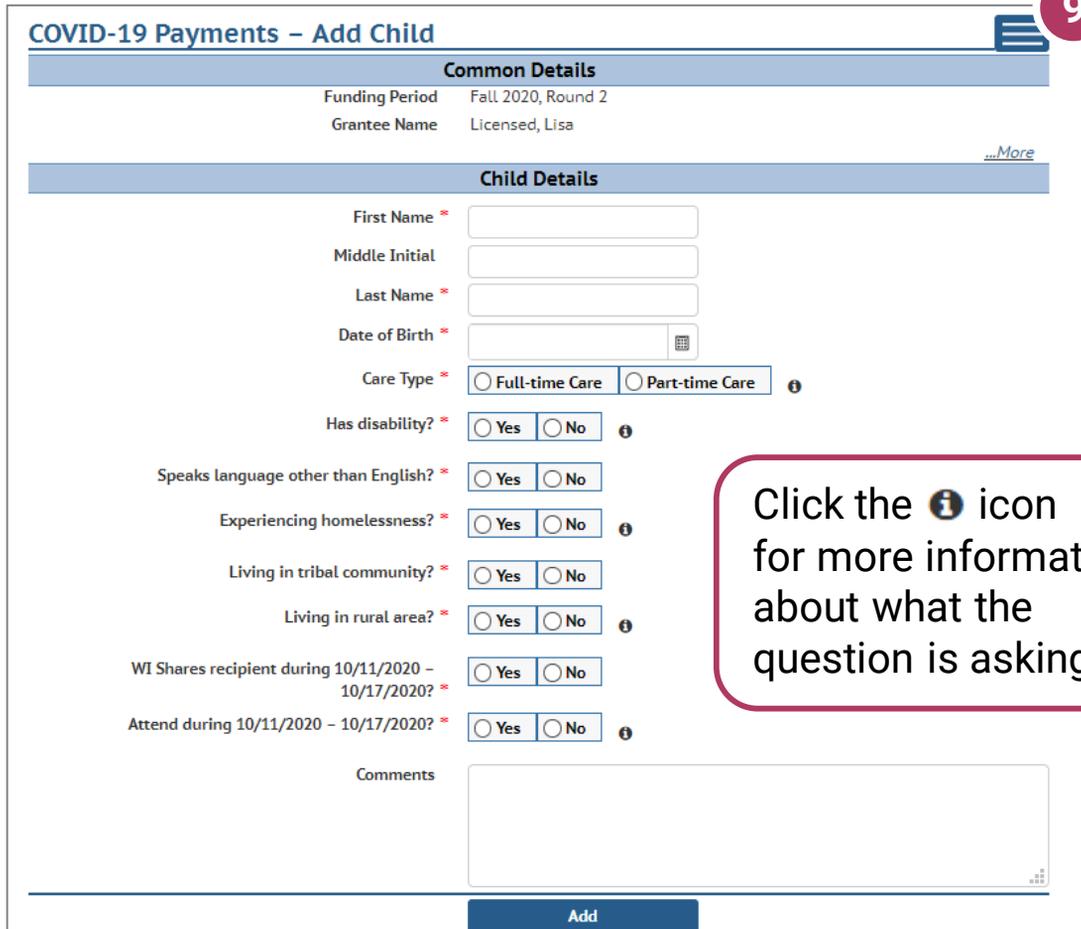
Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunitie

Payment Program Providing Safe, Healthy, And High-Quality Child Care Opportunitie

Number of Children Enrolled \*

Comments

Add



COVID-19 Payments – Add Child

**Common Details**

Funding Period Fall 2020, Round 2

Grantee Name Licensed, Lisa

[More](#)

**Child Details**

First Name \*

Middle Initial

Last Name \*

Date of Birth \*

Care Type \*  Full-time Care  Part-time Care ⓘ

Has disability? \*  Yes  No ⓘ

Speaks language other than English? \*  Yes  No ⓘ

Experiencing homelessness? \*  Yes  No ⓘ

Living in tribal community? \*  Yes  No ⓘ

Living in rural area? \*  Yes  No ⓘ

WI Shares recipient during 10/11/2020 – 10/17/2020? \*  Yes  No ⓘ

Attend during 10/11/2020 – 10/17/2020? \*  Yes  No ⓘ

Comments

Add

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Click the ⓘ icon for more information about what the question is asking.

Click the **Add** button once you have filled out all information on the page.

# Previous Grant Child List

## 10. Verify Previous Child List

If you applied for funding in a previous Child Care Counts application, children added to your previous application will appear here, and may be copied into your current application. Click **COPY** to add children to your application. This will take you to the **Child Details** page.

Name	Date of Birth	Care Type
Claus Cloud	1/1/2019	Full-Time Care
Teen Child	1/1/2005	Part-Time Care

Child Details

First Name \* Claus

Middle Initial

Last Name \* Cloud

Date of Birth \* 1/1/2019

Care Type \*  Full-time Care  Part-time Care

Has disability? \*  Yes  No

Speaks language other than English? \*  Yes  No

Experiencing homelessness? \*  Yes  No

Living in tribal community? \*  Yes  No

Living in rural area? \*  Yes  No

WI Shares recipient during 10/11/2020 - 10/17/2020? \*  Yes  No

Attend during 10/11/2020 - 10/17/2020? \*  Yes  No

Comments: Enter any comments here if applicable

Add

Verify child details that were copied and indicate if the child attended at least one day between 10/11/20 – 10/17/20. Click the  icon for more information about what the questions are asking.

Click the **Add** button once you have filled out all information on the page.

# Adding Children Detail

## 11. Add Children to the Application

After adding a child to the application, you will be taken to the *Child List* that shows you all of the children you have added to your application. Click the **Add Child** button to continue adding children to your application. Remember, the number of children displayed here should match the number of children that you listed as enrolled in the *Grant Details* section.

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Name	Date of Birth	Care Type	
Claus Cloud	1/1/2019	Full-Time Care	Details ▶
Teen Child	1/1/2005	Full-Time Care	Details ▶

**Add Child** ▶

If you need to update or review the information about a specific child, click on the **Details** button to be taken to that child's record. Click on the **...More** button to get to the **Modify Child** Button.

**COVID-19 Payments - Child Details**

**Common Details**

Funding Period: Fall 2020, Round 2  
Grantee Name: Licensed, Lisa

**Child Details for COVID-19 Payments**

First Name: Claus  
Middle Initial:  
Last Name: Cloud  
Date of Birth: 1/1/2019

◀ **Child List**

If you have added a child in error to the application, you can remove the child by checking the box **Remove this child from the grant?**

Comments

Remove this child from the grant?

**Save**

Click **Save** on the *Modify Child Details* page if you have changed any information; you should be taken back to the *Child List*. You can continue adding children as needed or proceed to submit your application.

# Finalizing Your Application

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Name	Date of Birth	Care Type	
Claus Cloud	1/1/2019	Full-Time Care	Details ▶
Teen Child	1/1/2005	Full-Time Care	Details ▶
Jim Eam	8/14/2014	Full-Time Care	Details ▶

Buttons: Add Child ▶, **Submit Application ▶**, Application details

12. Review Your Submission  
Click the **Submit Application** button to finalize your application.

You will be taken to the **Submit Application** page. The top of the page will review and compare the information that you entered on the **Application Details** page to the information that you entered for each child. Any text in red indicates that there was a mismatch in what you reported in the **Application Details** page with what you reported for each child.

Inconsistent and/or incorrect information will delay and/or could possibly prevent your application from being processed. It is imperative you go back and fix any issues noted in red. If you are having trouble fixing and/or modifying your application, please email or call for assistance.

COVID-19 Payments – Application Details

Continue to Child List ▶

Common Details

Grantee First Name: Lisa  
Grantee Middle Initial: Licensed  
Grantee Last Name: Lisa  
Grantee Email: lisa@licensedcenter.com  
Grantee Phone: (121) 212-1212  
Funding Period: Fall 2020, Round 2  
Was your facility open on 10/16/2020? Yes  
Did your facility serve any children with disabilities? Yes  
Did your facility serve any children who speak languages other than English? Yes  
Did your facility serve any children who are experiencing homelessness? Yes  
Did your facility serve any children from tribal communities? Yes  
Did your facility serve any children living in rural areas? Yes

Modify Common Details ▶

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities  
Grant Application ID: P00000247  
Number of Children Enrolled: 3  
Grant Status: Incomplete (view Terms and Conditions)

Modify Application Details ▶

Buttons: Temporary Closure, Operational Hours, Children, Payment Documents, Program Integrity Documents, **Submit Application**

Payment Program Summary

# Finalizing Your Application

**COVID-19 Payments - Submit Application**

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

[...More](#)

**Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities**

Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000247
Number of Children Enrolled	3 <span style="color: red;">Children enrolled for the facility does not match the number of children entered in the application. Number entered: 3</span>
Grant Status	Incomplete

**Terms and Conditions**

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 12/14/2020.
- I understand that in order to be eligible for this program I must have had:
  - Licensed Group Centers, Licensed Day Camps & Public School Programs: During 10/11/2020 - 10/17/2020, at least 1/3 of enrolled children are age 5 or under.
  - Regulated Family Providers: During 10/11/2020 - 10/17/2020, at least 1 enrolled child age 5 or under.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for **Program A – Providing Safe, Healthy, And High-Quality Child Care Opportunities** I agree to the following:

- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
- I will use the funds for the following purposes:
  - Mortgage/rent
  - Utilities
  - Personal Protective Equipment (PPE)
  - Materials/supplies for cleaning and sanitation
  - Materials/supplies for enhancing the program environment, curriculum and family engagement activities
  - Professional development and/or continuing education
  - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Mortgage/rent statements
  - Utility statements
  - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
    - PPE, cleaning and sanitation materials, supplies, and services
    - Materials and supplies for enhancing the program environment, curriculum and family engagement activities
    - Materials, supplies, and labor for structural changes and modifications
    - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to promptly supply this documentation upon request.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

I accept the Terms and Conditions above.

**Submit**

**Application Details**

## Review Your Submission

You must correct any entries with red text, indicating there is a mismatch or other problem with the entry.

Any text in red indicates that there was a mismatch in what you reported in the **Application Details** page with what you reported for each child. Inconsistent and/or incorrect information will delay and could possibly prevent your application from being processed. It is imperative you go back and fix any issues noted in red. If you are having trouble fixing/modifying your application, please email or call for assistance.

Click **Application Details** to return to the application and correct as necessary.

# Finalizing Your Application

## 13. Review the Terms and Conditions

After reviewing your information, please read through the **Terms and Conditions** for the program. **Please note** we strongly recommend printing and/or saving these Terms and Conditions and filing all related expenditure documents in a safe place.

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa
<a href="#">...More</a>	

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000247
Number of Children Enrolled	3
Grant Status	Incomplete

### Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 12/14/2020.
- I understand that in order to be eligible for this program I must have had:
  - Licensed Group Centers, Licensed Day Camps & Public School Programs: During 10/11/2020 - 10/17/2020, at least 1/3 of enrolled children are age 5 or under.
  - Regulated Family Providers: During 10/11/2020 - 10/17/2020, at least 1 enrolled child age 5 or under.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for **Program A – Providing Safe, Healthy, And High-Quality Child Care Opportunities** I agree to the following:

- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
- I will use the funds for the following purposes:
  - Mortgage/rent
  - Utilities
  - Personal Protective Equipment (PPE)
  - Materials/supplies for cleaning and sanitation
  - Materials/supplies for enhancing the program environment, curriculum and family engagement activities
  - Professional development and/or continuing education
  - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Mortgage/rent statements
  - Utility statements
  - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
    - PPE, cleaning and sanitation materials, supplies, and services
    - Materials and supplies for enhancing the program environment, curriculum and family engagement activities
    - Materials, supplies, and labor for structural changes and modifications
    - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to promptly supply this documentation upon request.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

**13**  I accept the Terms and Conditions above.

**14** **Submit**

## 14. Submit Your Application

Once you have read through the [Terms and Conditions](#), click the “I accept the Terms and Conditions above” checkbox, and click the **Submit** button to submit your application for the program.

# Submitting your Application

## Error Message

If you have too few children under age 6 entered on your application, you will be unable to submit your application because this does not meet the eligibility guidelines. Please review the [application requirements](#).

### COVID-19 Payments - Submit Application

You may not submit this application because there are too few children under age 6. Review the application requirements.

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

[...More](#)

Payment Program Details for <i>Providing Safe, Healthy, And High-Quality Child Care Opportunities</i>	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000247
Number of Children Enrolled	3
Grant Status	Incomplete

### Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 12/14/2020.
- I understand that in order to be eligible for this program I must have had:
  - Licensed Group Centers, Licensed Day Camps & Public School Programs: During 10/11/2020 - 10/17/2020, at least 1/3 of enrolled children are age 5 or under.
  - Regulated Family Providers: During 10/11/2020 - 10/17/2020, at least 1 enrolled child age 5 or under.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for **Program A – Providing Safe, Healthy, And High-Quality Child Care Opportunities** I agree to the following:

- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
- I will use the funds for the following purposes:
  - Mortgage/rent
  - Utilities
  - Personal Protective Equipment (PPE)
  - Materials/supplies for cleaning and sanitation
  - Materials/supplies for enhancing the program environment, curriculum and family engagement activities
  - Professional development and/or continuing education
  - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Mortgage/rent statements
  - Utility statements
  - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
    - PPE, cleaning and sanitation materials, supplies, and services
    - Materials and supplies for enhancing the program environment, curriculum and family engagement activities
    - Materials, supplies, and labor for structural changes and modifications
    - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to promptly supply this documentation upon request.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

I accept the Terms and Conditions above.

**Submit**

# Modifying After Submission

15

## 15. Updating After Submitting

You will have the ability to update your application after submission, **until the application period ends at midnight**. You will need to modify each section and its detail level information.

- To modify the *Common Details*, click the **Modify Common Details** button.

- To modify the *Application Details*, specifically the number of children enrolled during the funding period, select the **Modify Application Details** button. Remember, any change in the number of children will affect the number of children who need to be entered in the *Add Children* module.

**COVID-19 Payments – Application Details**

**Common Details**

Grantee First Name	Lisa
Grantee Middle Initial	
Grantee Last Name	Licensed
Grantee Email	Lisa@licensedcenter.com
Grantee Phone	(121) 212-1212
Funding Period	Fall 2020, Round 2
Was your facility open on 10/16/2020?	Yes
Did your facility serve any children with disabilities?	Yes
Did your facility serve any children who speak languages other than English?	Yes
Did your facility serve any children who are experiencing homelessness?	Yes
Did your facility serve any children from tribal communities?	Yes
Did your facility serve any children living in rural areas?	Yes

**Modify Common Details**

**Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities**

Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000247
Number of Children Enrolled	3
Grant Status	Submitted (view Terms and Conditions)

**Modify Application Details**

**Temporary Closure** **Operational Hours** **Children** **Payment Documents** **Program Integrity Documents**

**Payment Program Summary**

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The Department of Children and Families, protecting children, strengthening families, building communities.  
Update SPA CW Privileges

You can use the **Temporary Closure**, **Operational Hours**, **Staff** and **Children** buttons to update those specific sections of the application. Refer to the previous instructions for specifics.



**APPLYING FOR PAYMENT PROGRAM B**

# **Funding Staff Recruitment and Retention Efforts**

# Beginning Your Application

1

Application	Application Date	Description	Status	Action
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Approved	Details ▶
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Available	
Fall 2020, Round 2	October 11 - October 17	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply ▶
Fall 2020, Round 2	October 11 - October 17	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply ▶

## 1. Begin Application

To apply for a specific program, select the **Apply** button on the *Summary* page.

## 2. Review Payment Program Information

After selecting to apply for a payment program, you will see an informational screen that details the following:

- Overview of the specific payment program
- When the provider can apply
- Information that will be collected in the application
- What happens after the submission of the application

## 3. Continue

Click **Continue** to go to the **Application Details** page.

**COVID-19 Payments**  
Please read all the below details before proceeding with application

**COVID-19 Payments Information**

**IMPORTANT NOTICE:** The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

**What is Program B Funding Staff Recruitment And Retention Efforts?**  
The *Funding Staff Recruitment And Retention Efforts* payment program is intended to support the costs associated with recruiting and retaining high-quality staff. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

**When Can I Apply?**  
You may apply for this payment anytime from 10/11/2020 through 10/17/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

**What information do I need to complete this application?**  
The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Staff Information
- Enrolled children information
- Reopen/Closure details (Required if location is closed)

**What happens after I submit my application?**  
After 10/17/2020 DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

**Continue** ▶

# Add Application Details for Your Location

**COVID-19 Payments – Add Application Details**  
Add common and payment program details for Funding Staff Recruitment And Retention Efforts

**4**

**Grantee Details**

Funding Period: Fall 2020, Round 2

Grantee First Name: Lisa

Grantee Middle Initial: [Empty]

Grantee Last Name: Licensed

Grantee Email: Lisa@Licensedcenter.Com

Grantee Phone: (121) 212-1212

**5**

**Tell us if your program is opened or closed due to COVID-19**

Was your facility open on 10/16/2020?  Yes  No

**Tell us about the children at your facility**

Did your facility serve any children with disabilities?  Yes  No ⓘ

Did your facility serve any children who speak languages other than English?  Yes  No

Did your facility serve any children who are experiencing homelessness?  Yes  No ⓘ

Did your facility serve any children from tribal communities?  Yes  No

Did your facility serve any children living in rural areas?  Yes  No ⓘ

**Payment Program Details for Funding Staff Recruitment And Retention Efforts**

Payment Program: Funding Staff Recruitment And Retention Efforts

Number of Children Enrolled: ⓘ

Comments: [Empty]

**6**

Add

## 4. Add Grantee Details

There is a single funding period for this application.

Be sure to enter the details marked with a red star. \*

If inaccurate details are entered, this could delay your application.

## 5. Tell Us About Program Open/Closures

Was your facility open on 10/16/2020?

## 6. Tell Us About the Children in Your Program

In this section, you can click on the ⓘ icon for more information about what the question is asking.

Click **Add** to move on to the next page.



If you applied for previous funding through the original Child Care Counts Payment program, many of the fields throughout the application will be filled in automatically. Please review all fields that are filled in to ensure they are still accurate and update as needed.

# Update or Verify Location Temporary Closures

## 7. Temporary Closures

You will be asked to verify any temporary closures during the funding period. If the closures were already updated in the Provider Portal, those details will be shown here. If you need to add a temporary closure period, select the **Add Temporary Closure** button, and you will be taken to the **Closure Schedule** screen shown below.

**COVID-19 Payments - Temporary Closure**

**Common Details**

Funding Period: Fall 2020, Round 2  
Grantee Name: Licensed, Lisa

**Verify Temporary Closure**

From	To	Closure Reason	Comments
No closures			

The closure periods should reflect any periods of time your facility was closed during the funding period (10/11/2020 - 10/17/2020). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

The closures listed above are accurate and complete for the period of 10/11/2020 to 10/17/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

**Add Temporary Closure**

**Verify**

**COVID-19 Payments - Add Closure Schedule**

Due to the COVID-19 health emergency, please help DCF understand when you are closed and open. If you are closing, please enter your closure period here and also contact your licensor or certifier.

**Common Details**

Funding Period: Fall 2020, Round 2  
Grantee Name: Licensed, Lisa

**Verify Temporary Closure**

From Date: 10/13/2020  
To Date: 10/13/2020  
COVID - 19 Closure Reason: COVID-19 Other  
Comments:

**Add**

**Temporary Closure**

After including all appropriate temporary closures, click the checkbox indicating that you have accurately recorded and verified the temporary closures for your location.

**!** If you did not have any temporary closures during the funding period, check the box to verify and select **Verify** to continue through the application.

The closures listed above are accurate and complete for the period of 10/11/2020 to 10/17/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

**Verify**

# Update or Verify Hours of Operation

8

## COVID-19 Payments - Operational Hours

Add Operational Hours

---

### Common Details

Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

[More](#)

---

### Operational Hours

Specify your Operating Hours during  
10/11/2020 - 10/17/2020

Enter open times for each day you are open  
(e.g., 7 am - 6 pm)

<input type="checkbox"/> Sunday	
<input checked="" type="checkbox"/> Monday	8am-6pm
<input checked="" type="checkbox"/> Tuesday	8am-6pm
<input checked="" type="checkbox"/> Wednesday	8am-6pm
<input checked="" type="checkbox"/> Thursday	8am-6pm
<input checked="" type="checkbox"/> Friday	8am-6pm
<input type="checkbox"/> Saturday	

Open some hours between 6 am and 6 pm ? \*  Yes  No

Open some hours before 6 am or after 6 pm ? \*  Yes  No

Comments

**Add**

◀ Operational Hours Details

## 8. Hours of Operation

In the next section, tell us about the hours of operation for your location during the funding period. Hours of operation will be auto-filled based on your license or certification hours. If you experienced any changes to your hours of operation to allow for expanded care hours during the funding period, you will need to update any days that differed from your regular licensed or certified schedule. Select the **Add** button to save your information and continue to the **Individuals** section, where you will tell us about your staff during the COVID-19 Emergency.

# Attaching Staff to the Program

## 9. Review Staff Associated with Location

You will be asked to verify every staff member who worked at your location during the funding period. All individuals attached to your location will be displayed on this page.



If you do not see an individual who worked on your staff during the funding period, you must add them through the *Individual Module* if you want them to be considered for funding. Individuals will not be able to be attached until they have a background check request on file. Refer to **Appendix I** for information on how to add an individual.

Common Details			
Funding Period	Fall 2020, Round 2		
Grantee Name	Licensed, Lisa		

Staff			
Name	Care Type	Current Payroll	
Linda Tester	Ful-Time	Yes	Details ▶

Add Staff ▶

9

Click here to add staff.

Click here to view staff details.



**If you are a family provider, and you are the only employee at your location, you will only need to add yourself.**

# Adding Individual Staff

**Individuals**  
Select Staff to Attach to COVID-19 Payments Request

If a staff member is not listed below, access the Individuals link in the right-side sandwich menu to add the staff member onto your Individual List.

Common Details		
Funding Period	Fall 2020, Round 2	
Grantee Name	Licensed, Lisa	

...More

Individuals		
Name	Role(s)	Employment Period
Ace Hardware	Applicant/Licensee	02/18/13

Select ▶

---

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

...More

Individual	
Name	Linda Tester
Employment Period	9/1/2018

Staff Details	
Care Type? *	<input checked="" type="radio"/> This person typically works 21 or more hours per week at this location <input type="radio"/> This person typically works 20 or fewer hours per week at this location
Is the individual on payroll at anytime between 10/11/2020 and 12/14/2020? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments	<input type="text"/>

Remove this staff from the grant?

Add Staff

Staff List

## 10. Add Staff to Be Considered for Funding

To add a staff member to be considered for program funding, use the **Select** button to fill out the staff-level details.

Click the **Add Staff** button to save the individual's information. You will be taken to the *Staff Summary* page to review all of the individuals attached to the application.

To add more staff to the application from the *Staff Summary* page, click the **Add Staff** button to return to the *Individuals* list to select another employee.

**COVID-19 Payments - Staff**  
Staff Attached to COVID-19 Payments Request

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

...More

Staff		
Name	Care Type	Current Payroll
Ace Hardware	Ful-Time	Yes

Details ▶

Add Staff ▶

Once you have finished adding all individuals to the application, select the **Add Child** button to proceed with the application.

# Adding Children Detail

## 11. Add Children to the Application

You will be asked to add every child enrolled at your program who was enrolled on **10/16/20**.

**NOTE:** The number of children added in this section must equal the number of children that you indicated were enrolled on the first page of the application: *Add Application Details*.

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunitie

Payment Program Providing Safe, Healthy, And High-Quality Child Care

Number of Children Enrolled \*  ⓘ

Comments

Add

COVID-19 Payments – Add Child

Common Details

Funding Period Fall 2020, Round 2

Grantee Name Licensed, Lisa [...More](#)

Child Details

First Name \*

Middle Initial

Last Name \*

Date of Birth \*  ⓘ

Care Type \*  Full-time Care  Part-time Care ⓘ

Has disability? \*  Yes  No ⓘ

Speaks language other than English? \*  Yes  No ⓘ

Experiencing homelessness? \*  Yes  No ⓘ

Living in tribal community? \*  Yes  No ⓘ

Living in rural area? \*  Yes  No ⓘ

WI Shares recipient during 10/11/2020 – 10/17/2020? \*  Yes  No ⓘ

Attend during 10/11/2020 – 10/17/2020? \*  Yes  No ⓘ

Comments

Add

11

Click the ⓘ icon for more information about what the question is asking.

Click the **Add** button once you have filled out all information on the page.

# Previous Grant Child List

## 12. Verify Previous Child List

If you applied for funding in a previous Child Care Counts application, children added to your previous application will appear here, and may be copied into your current application. Click **COPY** to add children to your application. This will take you to the **Child Details** page.

Name	Date of Birth	Care Type	
Claus Cloud	1/1/2019	Full-Time Care	Copy ▶
Teen Child	1/1/2005	Part-Time Care	Copy ▶

**Child Details**

First Name \* Claus  
Middle Initial  
Last Name \* Cloud  
Date of Birth \* 1/1/2019  
Care Type \*  Full-time Care  Part-time Care ⓘ

Has disability? \*  Yes  No ⓘ

Speaks language other than English? \*  Yes  No ⓘ

Experiencing homelessness? \*  Yes  No ⓘ

Living in tribal community? \*  Yes  No ⓘ

Living in rural area? \*  Yes  No ⓘ

WI Shares recipient during 10/11/2020 - 10/17/2020? \*  Yes  No ⓘ

Attend during 10/11/2020 - 10/17/2020? \*  Yes  No ⓘ

Comments  
Enter any comments here if applicable

Add

Verify child details that were copied and indicate if the child attended at least one day between 10/11/20 – 10/17/20. Click the ⓘ icon for more information about what the questions are asking.

Click the **Add** button once you have filled out all information on the page.

# Adding Children Detail

## 13. Add Children to the Application

After adding a child to the application, you will be taken to the *Child List* that will show you all of the children you have added to your application. Click the **Add Child** button to continue adding children to your application. Remember, the number of children displayed here should match the number of children that you listed as enrolled in the *Grant Details* section.

13

Name	Date of Birth	Care Type	
Claus Cloud	1/1/2019	Full-Time Care	Details ▶
Teen Child	1/1/2005	Full-Time Care	Details ▶

**Add Child** ▶

**Child Details for COVID-19 Payments**

First Name: Claus  
Middle Initial:   
Last Name: Cloud  
Date of Birth: 1/1/2019

**Child List** ◀

[More](#)

If you need to update or review the information about a specific child, click on the **Details** button to be taken to that child's record. Click on the **More** button to get to the **Modify Child** Button.

If you have added a child in error to the application, you can remove the child by checking the box **Remove this child from the grant?**

Remove this child from the grant?

**Save**

Click **Save** on the *Modify Child Details* page if you have changed any information; you should be taken back to the *Child List*. You can continue adding children as needed or proceed to submit your application.

# Finalizing Your Application

14

Name	Date of Birth	Care Type	Details
Claus Cloud	1/1/2019	Full-Time Care	Details ▶
Teen Child	1/1/2005	Full-Time Care	Details ▶
Jim Sam	8/14/2014	Full-Time Care	Details ▶

Common Details

Funding Period: Fall 2020, Round 2  
Grantee Name: Licensed, Lisa

Buttons: Add Child ▶, **Submit Application ▶**, Application details

14. Review Your Submission  
Click the **Submit Application** button to finalize your application.

You will be taken to the **Submit Application** page. The top of the page will review and compare the information that you entered on the **Application Details** page to the information that you entered for each child. Any text in red indicates that there was a mismatch in what you reported in the **Application Details** page with what you reported for each child.

Inconsistent and/or incorrect information will delay and/or could possibly prevent your application from being processed. It is imperative you go back and fix any issues noted in red. If you are having trouble fixing and/or modifying your application, please email or call for assistance.

COVID-19 Payments - Application Details

Common Details

Grantee First Name: Lisa  
Grantee Middle Initial: Licensed  
Grantee Last Name: Lisa@licensedcenter.com  
Grantee Email: (121) 212-1212  
Grantee Phone: Fall 2020, Round 2  
Funding Period: Yes  
Was your facility open on 10/16/2020? Yes  
Did your facility serve any children with disabilities? Yes  
Did your facility serve any children who speak languages other than English? Yes  
Did your facility serve any children who are experiencing homelessness? Yes  
Did your facility serve any children from tribal communities? Yes  
Did your facility serve any children living in rural areas? Yes

Buttons: Modify Common Details ▶

Payment Program Details for Funding Staff Recruitment And Retention Efforts

Payment Program: Funding Staff Recruitment And Retention Efforts  
Grant Application ID: R00000253  
Number of Children Enrolled: 3  
Grant Status: Submitted (view Terms and Conditions)

Buttons: Modify Application Details ▶

Navigation Bar: Temporary Closure, Operational Hours, Staff, Children, Payment Documents, Program Integrity Documents

Buttons: Payment Program Summary

# Finalizing Your Application

## 15. Review the Terms and Conditions

After reviewing your information, please read through the **Terms and Conditions** for the program. **Please note** we strongly recommend printing and/or saving these Terms and Conditions and filing all related expenditure documents in a safe place.

### COVID-19 Payments - Submit Application

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

[More](#)

Payment Program Details for <i>Funding Staff Recruitment And Retention Efforts</i>	
Payment Program	Funding Staff Recruitment And Retention Efforts
Grant Application ID	R000000253
Number of Children Enrolled	3
Grant Status	Incomplete

### Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 12/14/2020.
- I understand that in order to be eligible for this program I must have had:
  - Licensed Group Centers, Licensed Day Camps & Public School Programs: During 10/11/2020 - 10/17/2020, at least 1/3 of enrolled children are age 5 or under.
  - Regulated Family Providers: During 10/11/2020 - 10/17/2020, at least 1 enrolled child age 5 or under.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for **Program B – Funding Staff Recruitment And Retention Efforts** I agree to the following:

- I will use the funds to support the costs associated with recruiting and retaining high-quality staff by providing incentive pay or sign-on bonuses to current or future employees with approved background checks.
- I will follow the health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
- I understand that the payment is comprised of a base amount and a per-staff amount, and I will use the funds as follows:
  - I will use the awarded per-staff funds to increase pay (in form of a bonus or wage increase) for all individuals (employees or myself as a family provider) that were listed on the application.
  - I will use the awarded base amount funds towards staff recruitment or ongoing support for staff.
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Employee payroll registers or other payroll system substantiation of pay rate increase
  - Communications/notification to employees of wage increase or personnel policy explaining wage increase
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to promptly supply this documentation upon request.
- I understand that DCF require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

I accept the Terms and Conditions above.

**Submit**

Application Details

## 16. Submit Your Application

Once you have read through the **Terms and Conditions**, click the “I accept the Terms and Conditions above” checkbox, and click the **Submit** button to submit your application for the program.

# Modifying After Submission

## 17. Updating After Submitting

You will have the ability to update your application after submission, until the application period ends at midnight. You will need to modify each section and its detail level information.

- To modify the *Common Details*, click the **Modify Common Details** button.

- To modify the *Application Details*, specifically the number of children enrolled during the funding period, select the **Modify Application Details** button. Remember, any change in the number of children will affect the number of children who need to be entered in the *Add Children* module.

The screenshot displays the 'COVID-19 Payments - Application Details' web interface. At the top, it shows the user's name (Lisa) and contact information. The 'Common Details' section includes fields for Grantee First Name, Middle Initial, Last Name, Email, Phone, and Funding Period. Below these are several yes/no questions regarding facility operations and child services. A 'Modify Common Details' button is highlighted with a red box and an arrow pointing to it. The 'Payment Program Details' section shows the program name, application ID, number of children enrolled (3), and grant status. A 'Modify Application Details' button is also highlighted with a red box and an arrow. At the bottom, a navigation bar contains buttons for 'Temporary Closure', 'Operational Hours', 'Staff', 'Children', 'Payment Documents', and 'Program Integrity Documents'. A 'Payment Program Summary' button is located below the navigation bar.

You can use the **Temporary Closure**, **Operational Hours**, **Staff** and **Children** buttons to update those specific sections of the application. Refer to the previous instructions for specifics.



# APPENDIX

# APPENDIX I

## Adding Individuals to the Child Care Provider Portal

The *Individuals Module* allows child care providers to enter current and prospective employees and household members for background check purposes.

### Individuals

Select Staff to Attach to COVID-19 Payments Request 

If a staff member is not listed below, access the [Individuals](#) link in the right-side sandwich menu to add the staff member onto your Individual list.

Common Details	
Funding Period	Fall 2020, Round 2
Grantee Name	Licensed, Lisa

[...More](#)

Individuals			
Name	Role(s)	Employment Period	
Ace Hardware	Applicant/Licensee	02/18/13	Select 

If you do not see an individual who worked on your staff during the funding period, you must add them through this module if you want them to be considered for funding.

Individuals will not be able to be attached until they have a background check request on file.

Follow the link below to download the latest Child Care Provider Portal (CCPP) User Guide.

 <https://dcf.wisconsin.gov/files/publications/pdf/5221.pdf>